Submit 3 Copies to Appropriate District	State of I	New Mexico	Form C-10
Office <u>DISTRICT I</u>			Revised March 25, 199
Energy, Minerals and Natural Resources  DISTRICT II  Energy, Minerals and Natural Resources			WELL API NO.
1301 W. Grand Avenue, Artesia NM 88210 OIL CONSERVATION DIVISION			30-025-36253
DISTRICT III 1220 South St. Francis Dr.  1000 Rio Brezos Rd., Aztec NM 87410 Santa Fo. New Mayico 87504.2088			5. Indicate Type of Lease
DISTRICT IV	Santa Fe, New I	Mexico 87504-2088	STATE X FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			V-5302
SUND	7. Lease Name or Unit Agreement Name		
(DO NOT USE THIS FORM FOR PROP			
DIFFERENT RESERVOIR. USE "APPL PROPOSALS.)	LICATION FOR PERMIT" (FORM C-1	01) FOR SUCH	
1. Type of Well:			Strait State Unit
Oil Well Gas Well X	Other		
2. Name of Operator		· · · · · · · · · · · · · · · · · · ·	8. Well No.
	s Petroleum Corporation	1	1
3. Address of Operator			9. Pool Name or Wildcat
105 South 4th Str., Artesia, NM 88210			Und. Sand Springs Atoka-Morrow Gas
4. Well Location			
Unit Letter 1980_	feet from the South	line and660	feet from the <u>East</u> line
Section 33 To	ownship 10S Range	34E NMPM	County Lea
	evation (Show whether DF, RKE		art spirits and the same the same the
	4209' GR		the surrection of the same of
11. Check Appropriate Box t	to Indicate Nature of Notic	e, Report, or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
ш	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB	
OTHER:		отнея: Completio	n Operations X
12. Describe proposed or complete	ed operations. (Clearly state all	pertinent details, and give pertinent date	es. including estimated date
· ·		Completions: Attach wellbore diagram	· ·
or recompilation.			
			053730
10-6-03 Drilled through of	composite plug @ 1228	O'.	25262728293032
			100 Miles
2-7/8" tubing and packer	@ 11800'		(N 1 1)
			1019202122 1019202122 1019202122
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
			Off.
			7 51 51 31 W
			**************************************
Thereby certify that the information	above a true and complete to the	ne best of my knowledge and belief.	
SIGNATURE Storm	TITLE	Regulatory Compliance Tech	nician DATE 10/20/03
Type or print name Ctorm	i Davis		Tolophera No. 505 749 4474
Type or print name Storm  (This space for State use)	Davio	A 44 A 4	Telephone No. 505-748-1471
,p	/	DETECT CHAIR ENGINEE	- · · · · · · · · · · · · · · · · · · ·

PETROLEUM ENGINEER

DATE

APPROVED BY

Conditions of approval, if any: